



REGISTRATION FORM SEMINAR DAY

Incorporating the AGM of the McKenzie Institute New Zealand Branch

First Name: _____ **Last Name:** _____

Title: Mr / Mrs / Miss / Ms

Address: _____

Phone: (W) _____ **Phone:** (H) _____

Fax: _____ **E-Mail:** _____

Seminar Day & AGM, Saturday 24 July 2010

**MINZ Members/Non-Members
\$195.00/\$225.00**

PAYMENT OPTIONS:

<p><u>Current MINZ Member:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amount Paid: \$ _____</p> <p><input type="checkbox"/> Cheque payable to: The McKenzie Institute New Zealand</p> <p><input type="checkbox"/> Online Banking Date paid: _____</p> <p> Online banking details: The McKenzie Institute NZ Branch</p> <p> National Bank</p> <p> Waikanae</p> <p> 06 0592 0050860 00</p> <p>Please Note: Please ensure your name and Seminar Day is given in "Payee Reference"</p>
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Please forward your registration no later than 10 July 2010

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